October 5, 2015

FAST FACTS

High Quality
Patient Centered
Cost-Effective Health Care

From Dr. Katz

A Message From the Director

Lots of great things are happening in DHS and the County as a whole. Last week the Board of Supervisors approved an ordinance integrating our department with the departments of mental health and public health. This will be a great opportunity to work more closely with our colleagues in our sister departments. The budgets and leadership of the three departments will stay the same, but we will set common goals and focus our collective resources to improve the health of all Los Angeles residents.

The article to the right shows just one area—correctional health — where there is so much to be gained from working together. Many of the inmates suffer from mental illness, substance abuse disorders, homelessness, and medical problems. Coordinating treatment both inside and outside of the jail is our best chance at preventing inmates from recommitting crimes once they are released. Treatment can not only improve the life of an inmate but it can make the whole community safer.

Aren't the renderings of the new buildings at Rancho (below) beautiful? Rancho is an amazing place, where as Supervisor Knabe points out, miracles happen. Now the dedicated therapists and outpatient clinicians will have a facility as great as they are. I am only hoping that they will let me work out there sometimes.

Can you believe there are already pumpkin patches being set up around town? It seems like the children just finished summer camp.

Best wishes.

Rancho Begins Campus Renovation

By Michael Wilson

Rancho Los Amigos National Rehabilitation Center is currently undergoing a $418 million renovation. The needed seismic safety and facility updates will secure Rancho's future as one of the top-ranked rehabilitation hospitals in the nation. Construction will be done in two phases and is scheduled for completion in 2020.

The centerpiece will be a 12,000 square-foot wellness and aquatics center that will feature a therapy pool with underwater treadmill, weight room,

(See '**RENOVATION**' on back)

DHS Expands Role in Correctional Health

The Department of Health Services (DHS) has had a long commitment to serving incarcerated patients in the County's jails. LAC+USC Medical Center operates a jail inpatient unit, a jail emergency room and a jail specialty clinic. In recent years, the partnership between LAC+USC and the Los Angeles County Sheriff's Department's Medical Services Bureau has been deepening. Now, DHS sends its own staff to serve patients within the jails to improve the timeliness of care and reduce the cost and risk of transporting inmates from the jails to the hospital.

In June, the Board of Supervisors voted unanimously to ask DHS to lead a new integrated jail health care system focused on improved coordination of the physical, behavioral health, and substance abuse needs of inmates. Sheriff's Medical Services Bureau and the Department of Mental Health staff working in the jails will transition to DHS in the coming months — the unit will be led by a correctional health director.

Last month, the Board of Supervisors directed DHS to start the new Office of Diversion and Reentry, further deepening DHS's involvement with justice involved populations. This new office is tasked with building out the programs and housing units to support low level offenders with mental illness or other health issues to receive treatment and housing support in the community as an alternative to jail or prison time.

Experts estimate the costs of incarceration in L.A. County at $130,000 a year without medical or mental health care. In contrast, a residential substance abuse and mental health program costs about $48,000 a year. Savings could be directed at priority health areas. These changes are part of seismic integrations occurring within the county to provide services more effectively to clients with complex needs – services that are currently run by multiple agencies. In the past, provision of coordinated services was made more difficult by differing electronic record systems and services spread across various locations.

Dr. Mark Ghaly, director of the DHS Community Health and Integrated Programs unit, sees the new efforts as an extension of societal shifts in thinking about chronic homelessness, mental illness and the personal and financial tolls of recidivism.

"If you're released from jail or prison and don't have basic needs like shelter and access to health care – in particular mental health and substance use disorder services - the risk for recidivism increases. People get caught in an endless cycle of moving in and out of the justice system rather than away from it."

DHS can be proud of its involvement in efforts to upend decades of societal problems that have stymied the health system. With an expansion in Medicaid coverage under the Affordable Care Act, the average County jail inmate now has health coverage. For many of these citizens, DHS is responsible for providing their care when they are not incarcerated. "Recognizing that jail patients are our patients when they are in the community makes our involvement in these programs more and more imperative. We have an opportunity to better organize their care in jail, coordinate it with care outside of jail and thereby create efficiencies and provide high quality, more timely services. This is consistent with DHS's broader mission and what our entire transformation is about," said Ghaly.

('**RENOVATION**')

dance studio, and rooms for yoga and Pilates. Physical therapy services, which are currently spread across several buildings, will be combined in one setting.

The project will also include new outpatient facilities and an inpatient expansion.

"The redesigned campus will better serve patients with disabilities from spinal cord and brain injuries and other developmental disorders and preserve historical structures like the Harriman building," said public information officer and assistant hospital administrator Sarah Kirwan.

The wellness facility will provide access to the same workout and physical health activities that those without disabilities enjoy daily. "It's like a gym tailored for persons with disabilities," says Rancho Rehabilitation division chief and physical therapy department director Lilli Thompson.

"Because of their limited mobility, our patients are more susceptible to cardiovascular disease. Getting physically active will help them stay healthy."

Once opened, patients will have a peer support system so they feel comfortable and confident to work out and motivate others.

Rancho's history dates to 1888 when it was known as the County Poor Farm, an agricultural facility providing short term rehabilitation with housing and work for the medically indigent.

The wellness and aquatics center will open in August 2016. Click here to read more.

Paramedics Take On New Roles

By Michael Wilson

Paramedics in Glendale will soon respond to a home before there's an emergency.

Under one of two new pilot projects starting last month, Glendale paramedics will check in on patients with congestive heart failure (CHF) within 72 hours of discharge from Glendale Adventist Hospital – the critical window when most readmissions occur. They will perform vital assessments and ensure patients are taking their medications. The goal is to improve care and reduce hospital readmissions and associated costs.

The Community Paramedic Pilot Program is a collaboration between the UCLA Center for Prehospital Care and the L.A. County Emergency Medical Services (EMS) Agency. Similar pilots are being conducted in other California counties. First responders gain new ways to engage with community residents, and health systems better tackle problems like emergency room overcrowding and rising healthcare costs.

Paramedics can test blood oxygenation, perform an EKG and get guidance from a physician on whether an immediate appointment with a primary care physician is required or whether hospitalization is necessary. The paramedics will serve as 'gap fillers' between hospital discharge and the patients' first follow up visit with their physicians.

"EMS traditionally responds to 911 calls only. They find a patient with a problem and transport them to an emergency department. The thought was maybe there were other patient care delivery options these very well trained professionals could do," said Dr. Baxter Larmon, an adjunct professor of emergency medicine, director of California State Community Paramedic CORE Education and co-principal investigator of the UCLA pilot projects.

The other pilot starting this month is called the alternate transport program and will be implemented in the cities of Glendale and Santa Monica. Patients with non-life-threatening emergencies will be transported to approved Urgent Care Centers with a patient's consent.

L.A. County EMS Agency director Cathy Chidester, who submitted the pilot programs to the state for approval, says paramedics and EMTs can spend hours waiting to off-load a patient to a hospital emergency room, time that could be spent attending to other patients or responding to legitimate 911 calls.

"We're excited and happy to work with UCLA on this," she said. "If we're successful, both of these programs could be utilized all over the state."

Clinical Care Library Online

By Monica Soni, MD

In the United States health care variation in clinical practice affects all specialties and procedures. This variation correlates with poorer health outcomes, increased costs, and racial and ethnic disparities in care. The Department of Health Services (DHS) is the largest county health care system in the nation comprised of 4 hospitals and 19 community based clinics. Each year DHS cares for over 800,000 unique patients seeking care in one of these hospitals or clinics and has similarly struggled with reducing practice variation.

As part of the effort to standardize and improve care, DHS began organizing the Specialty Primary Care (SPC) Workgroups. Each workgroup is comprised of physician specialists from each of our respective facilities as well as primary care providers from our hospital and community based clinics. The groups also include primary care providers from our community partners. The SPC workgroups meet, typically on a monthly basis, in person or via conference call and there are more than 20 workgroups that gather regularly.

One of the primary mandates of the SPC group is the development of Expected Practices (EPs). The EP is a focused document developed to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. Each EP is guided by real-life practice conditions at our facilities, available clinical evidence, and the principle that we must provide equitable care for the entire population that DHS is responsible for, not just those that appear in front of us.

The SPC workgroup chooses clinical topics that are high impact and relevant to the target audience. Once created, these documents are carefully reviewed and vetted by a separate primary care workgroup and the governance committee which includes representatives from the Office of Managed Care, Pharmacy Affairs, and Quality, Patient Safety, and Risk Management.

At this time, there are over 100 documents posted on the Clinical Care Library, accessible here via the internet. Topics range from management of refractory gastro-esophageal reflux to diabetic foot exams to use of ANA testing.

The current focus of the SPC groups is to encourage DHS and community partner providers to use these documents to inform their clinical decision making, patient counseling and practice patterns. Ultimately, these documents represent practices that are expected of DHS clinical providers; if in individual situations a provider's clinical judgment varies from the EP, compelling documentation for the exception should be provided in the medical record.

Providers and their staff should become familiar with these EPs to ensure that our patients are provided the most consistent and effective care.

FAST FACTS From Dr. Katz

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